

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT'S

FILING DATE

10-789093

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						